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ABSTRACT

Between 1979 and 1983 the noninstitutionalized Medicaid population grew by 210,000 people, or one percent. In comparison, because of a severe economic recession, there was a 37 percent increase in the number of people in poverty during the same period. The Medicaid population growth rate is relatively small for the following reasons: (1) Congress tightened Medicaid eligibility by passing the Omnibus Budget Reconciliation Act, which restricts eligibility for the Aid to Families with Dependent Children (AFDC) program (everyone who receives AFDC is also eligible for Medicaid), thus affecting the 52 percent of the noninstitutionalized Medicaid population who are AFDC-Medicaid recipients; (2) most states, by not increasing the income eligibility limits, did not act to counter the effects of inflation (which rose 37 percent) on the purchasing power of the poor receiving cash assistance. In 1979, 58 percent of the Medicaid population had earnings below the poverty level; in 1983, 73 percent of the Medicaid population had poverty incomes. The proportion of children covered by Medicaid fell from 49 to 46 percent. Regional differences in the proportions of the poor covered by Medicaid remained constant between 1979 and 1983, but there were substantial changes in the growth of the Medicaid population. While the noninstitutionalized Medicaid population became poorer, Medicaid also covered a smaller proportion of the poor. This state of affairs has particular ramifications for the 24 percent of all children living in poverty and for the relatively large poverty population in the South. Data, from the March 1980 and 1984 Current Population Surveys, are presented on 23 tables. A short list of references is included. (BJV)

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by
Katherine Swartz

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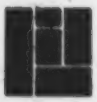

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EXECUTIVE SUMMARY

Between 1979 and 1983, the noninstitutionalized Medicaid population grew by 210,000 people. This one percent increase in the size of the Medicaid population compares with a 37 percent increase in the number of people in poverty during the same period. The Medicaid population's growth rate is relatively so small for two reasons: Congress moved to tighten Medicaid eligibility and most states did not act to counter the effects of inflation on the purchasing power of the poor receiving cash assistance. In 1981, Congress passed the Omnibus Budget Reconciliation Act (OBRA), which restricted eligibility for the Aid to Families with Dependent Children (AFDC) program. Since everyone who qualifies for AFDC is also eligible for Medicaid, the OBRA changes in AFDC eligibility criteria affected the 52 percent of the noninstitutionalized Medicaid population who are AFDC-Medicaid recipients. Along with these federally mandated changes, almost all of the states did not counter the inflation-erroded AFDC payment standards—i.e., they did not increase the income eligibility limits, which severely restricted who among the newly poor was eligible for AFDC and Medicaid.

The most dramatic change in the noninstitutionalized Medicaid population occurred in the distribution of their income relative to the poverty level. In 1979, 58 percent of the Medicaid population had incomes below the poverty level; in 1983, 73 percent of the Medicaid population had poverty incomes. Thus, the number of near poor who were covered by Medicaid was much lower in 1983 than it had been in 1979. Some of this shift is no doubt due to OBRA's restrictions on AFDC eligibility, but a large part of the shift is due to the states' unwillingness to raise the income eligibility limits.

Because 40 percent of the poverty population was comprised of children in both 1979 and 1983, it is significant that the proportion of <u>poor</u> children covered by Medicaid fell from 49 to 46 percent. The fact that the proportion of <u>all</u> children covered by Medicaid did not change during this time is due to a decline in the number of children above the poverty level, and is not a reflection of what poor children were experiencing. Also, the declines in the proportions of other age groups in poverty covered by Medicaid indicate the unevenness in the growth of the poverty population by age group.

Finally, regional differences in the proportions of the poverty population covered by Medicaid remained, even as the proportions fell or remained constant in all of the regions between 1979 and 1983. People in poverty in the Northeast or the Pacific states still had the highest probability of being covered by Medicaid.

Thus, while the noninstitutionalized Medicaid population became poorer between 1979 and 1983, Medicaid also covered a smaller proportion of the poor. This state of affairs has particular ramifications for the 24 percent of all children living in poverty, and for the relatively large poverty population in the South.

In the early 1980s the Medicaid program was under pressure from two different forces: a severe economic recession which greatly increased the number of Americans in poverty, and a combination of Congressional and state actions which tightened Medicaid eligibility limits. The outcome of these offsetting forces was a very small (one percent) increase in the number of noninstitutionalized Medicaid recipients.

Between 1979 and 1983, prices (as measured by the Consumer Price Index) rose by 37 percent while nominal wages grew by 28 percent and unemployment rose from 5.8 percent to 9.6 percent. Because the poverty index is tied to inflation (so it increased by 37 percent) and wage growth did not keep pace with inflation, the number of persons in poverty increased by 10 million (a coincidental 37 percent increase). Even under 1979 regulations, many of these new poor would not have been eligible for Medicaid. For example, 5.4 million of the 10 million were in husband-wife families that were excluded from Medicaid in many states. But other things constant, a sharp increase in the poverty population should have meant a sharp increase in Medicaid recipients.

This sharp increase in recipients did not occur because Congress moved to tighten Medicaid eligibility and most states did not act to counter the effects of inflation on the purchasing power of the poor receiving cash assistance. In 1981, Congress passed the Omnibus Budget Reconciliation Act (OBRA), which restricted eligibility for the Aid to Families with Dependent Children (AFDC) program. The intent of these changes was to remove the working poor from the AFDC program. Since everyone who qualifies for the AFDC program is also eligible for Medicaid, the OBRA changes in AFDC eligibility criteria affected the 52 percent of the noninstitutionalized Medicaid population who are AFDC-

Medicaid recipients.[1] Along with these federally mandated changes, almost all of the states did not counter the inflation-erroded AFDC payment standards--i.e., they did not increase the income eligiblity limits, which severely restricted who among the newly poor was eligible for AFDC and Medicaid.

What happened to the composition of the noninstitutionalized Medicaid population between 1979 and 1983? Did the OBRA-mandated changes in the AFDC eligibility policies indeed change the socio-economic and demographic make-up of the noninstitutionalized Medicaid population? Were Medicaid recipients poorer in 1983 than in 1979? Did the proportion of Medicaid recipients who were receiving AFDC payments decline? How did children fare compared with other groups?

This paper reports on a detailed comparative analysis of the noninstitutionalized Medicaid population's demographic and socio-economic composition in 1979 and 1983, in order to answer these questions. The first section briefly describes the data used. The second section looks at the changes in the characteristics of the Medicaid population over the period in the context of changes in poverty. Section three focuses particular attention on the AFDC subgroup of Medicaid recipients. Section four examines changes in the relative likelihood of having Medicaid coverage for different demographic groups. The final section draws some general conclusions. Appendix A contains a set of detailed comparative statistics on the Medicaid and poverty populations by census region.

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1. The 1981 limits were subsequently relaxed in minor ways. In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA), which made minor changes in the Medicaid eligibility criteria. This was followed by the Deficit Reduction Act of 1984 (DEFRA), which was passed in 1983 and went into effect at the start of the 1984 fiscal year (October 1, 1983). DEFRA repealed some of OBRA by increasing the AFDC gross income eligibility limit to 185 percent of a state's need standard and relaxing the limits placed on income disregards.

THE DATA

The March Current Population Surveys (CPS) of 1980 and 1984 constitute the data source for the comparisons. Medicaid recipiency in each survey is for the previous calendar year. The chief advantage of using the CPS for looking at demographic and socioeconomic changes in the Medicaid population is its sample size of just over 160,000 people. Since fewer than 10 percent of the U.S. population are Medicaid recipients, a random sample of the population has to be of this magnitude to obtain a representative set of Medicaid recipients. Interested readers are referred to Swartz (December 1984, and October 1986) for further comments on the strengths and weaknesses of the CPS for looking at health insurance coverage in the U.S., but one problem and the method used to deal with it for this analysis should be noted here.

The Bureau of the Census realized in 1981 that they had not been identifying subfamilies headed by unmarried women who lived with their parents. Instead, such women were coded as unmarried adult children, and their children were coded as "other relative"—making them appear ineligible for AFDC and related benefits, unless they volunteered the fact that they were receiving benefits. Since the Census imputes receipt of program benefits based on family structure and income level in 13 percent of cases, the coding error led to a substantial undercount of women and children receiving AFDC benefits. Cross-tabulations from The Urban Institute's microsimulation TRIM model imply that 373,000 AFDC-eligible subfamilies headed by unmarried women were missed in 1980. The error was corrected in the 1982 CPS. However, the undercount for 1979 must be adjusted for if the estimates of change between 1979 and subsequent years is to be unbiased.

Our method for estimating the undercount of children and adult females in such subfamilies in the 1979 data is as follows. The AFDC participation rate among presumptively eligible families was about 82 percent in 1979. Since the families we are interested in did not admit to receiving benefits, the participation rate for this group could well have been below average. We, therefore, assume a conservative participation rate of 50 percent. The average AFDC family size is between 2.9 and 3.0. Since the subfamilies are younger than average, we assume a family size at the lower end of this range--2.9. Applying these assumptions to the TRIM estimate of missing subfamilies yields an estimated undercount of 541,000 people on AFDC and therefore Medicaid--nearly two-thirds of them children and the rest presumably women in the 18-35 year old age group.

Further support for the plausibility of these corrected estimates is provided by a comparison of the trends in the uncorrected CPS data and the average monthly counts of AFDC recipients obtained independently from the Office of Family Assistance and the Office of Family Resources, within the Social Security Administration (SSA). (See Table 1.) The SSA recipient counts show a decline of about 170,000 between FY 1980 and FY 1982, and then an increase of about 440,000 between FY 1982 and FY 1984. If we increase the CPS based estimate of AFDC recipients in 1979 by 541,000 people, the pattern becomes quite comparable to that of SSA.[1]

In what follows, we have added 541,000 people to the March 1980 CPS-based estimate of AFDC Medicaid recipients in 1979. We assume that 357,000 of these

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1. The remaining differences in the CPS and SSA estimates of AFDC recipients are consistent with the CPS's historical underreporting of AFDC receipt (Swartz, October 1986).

Table 1

Comparison of SSA and CPS Trends in AFDC Enrollments

Fiscal Year/ Calendar Year	SSA Average Monthly Number of Recipients (in 000s)[a]	CPS Based Estimate of Number of Recipients (in 000)[b]
1980/1979	10,597	9,602
1982/1981	10,431	10,035
1984/1983	10,868	10,225

a. From the Committee on Ways and Means, U.S. House of Representatives: "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," Table 18, page 391, 1986.

b. From Urban Institute computer analyses of the public use data tapes for the March 1980, 1982, and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

people are children and the rest are women in the 18-35 year old age group. Since the income eligibility ceiling for AFDC in most states is at or below half of the poverty level, the subfamilies are also assumed to have incomes below half of the poverty level.

Note that the Medicaid population described here is the noninstitutionalized portion of all Medicaid recipients. Thus, Medicaid recipients in nursing homes, psychiatric hospitals, and other long term care facilities are excluded from the analysis.

CHANGES IN THE NONINSTITUTIONALIZED MEDICAID POPULATION IN THE CONTEXT OF CHANGES IN POVERTY

Not all people in poverty are covered by Medicaid and not all people covered by Medicaid are in poverty. But in 1983, almost three-fourths of the noninstitutionalized Medicaid population were poor, and Medicaid is a program designed to provide health care for low-income groups. Changes in the poverty population over time, therefore, provide an important context for interpreting changes in the characteristics of those eligible for Medicaid.

The noninstitutionalized poverty population grew by 10 million people between 1979 and 1983. As can be seen from Table 2, this represents a rate of increase of 37 percent, and increased the proportion of the U.S. population in poverty from 12 to 16 percent. This increase in poverty affected all age groups except the elderly, with the largest increase (almost two-thirds) among young adults aged 18-40. It also characterized all income groups within poverty, with the largest effect on the very poorest.

These increases in poverty had commensurate effects on the distribution of the poor. The proportion who were children remained approximately the

Table 2

U.S. Population in Poverty
1979 and 1983
(numbers in thousands)

	1979	1983	Percent Change 1979-1983
Total Poverty Population	27,224	37,250	36.8
By Age:			
Younger than 18	11,133	14,999	34.7
18-40	7,969	12,964	62.3
41-64	4,407	5,546	25.8
65 and older	3,715	3,740	.7
By Family Income Relative to Poverty:			
Below 50%	9,411	15,616	65.9
50-74%	7,962	9,975	25.3
75-99%	9,851	11,660	18.4
Poverty Incidence by Age Group (percent of U.S. population)			
Total	12.2%	16.1%	
Younger than 18	17.5	24.0	
18-40	9.7	14.6	
41-64	8.3	10.1	
65 and older	15.4	14.2	
Distribution of Poverty by Age:			
Total	100.0%	100.0%	
Younger than 18	40.9	40.3	
18-40	29.3	38.8	
41-64	16.2	14.9	
65 and older	13.6	10.0	
Distribution by Income Relative to Poverty:			
Total	100.0%	100.0%	
Below 50%	34.6	41.9	
50-74%	29.2	26.8	
75-99%	36.2	31.3	

Source: March Current Population Surveys of 1980 and 1984. Medicaid recipiency is for the previous calendar year.

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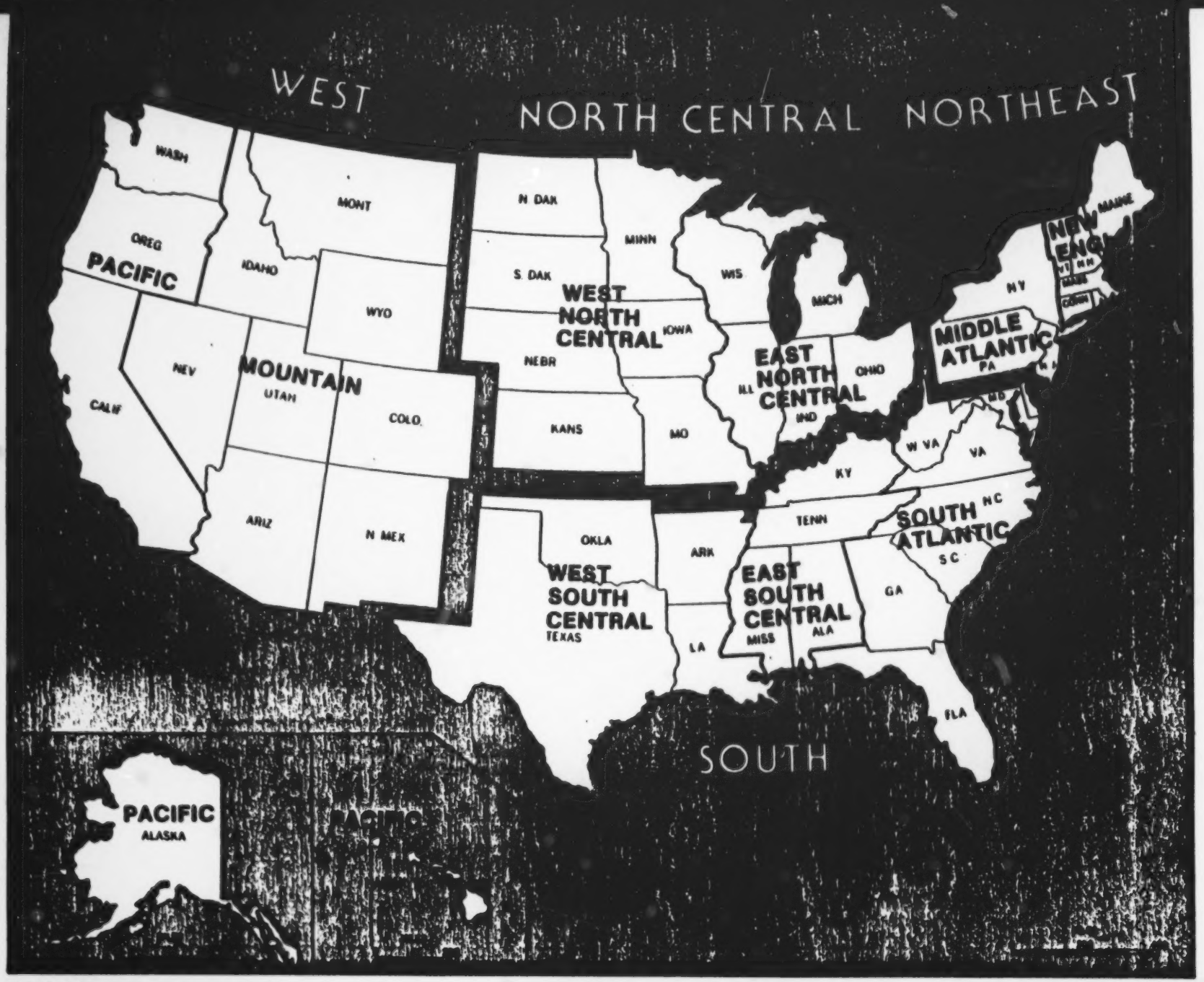
same, at about 40 percent of the poverty population; the proportion who were young adults (18-40) increased substantially, from 29 to 35 percent; the proportion who were older adults fell slightly; and the proportion who were elderly fell substantially. The proportion who were very poor increased.

These national trends also characterized each of the nine geographic regions of the country (regions shown in Figure 1), with poverty increases ranging from 18 percent (New England) to 64-66 percent (West North Central and Mountain). Although poverty increased in all regions, differential rates of increase reduced the range of poverty incidence across most regions. By 1983 six of the nine regions were within 1 percent of the national average (16 percent), with New England an outlier at the low end (10 percent in poverty) and West South Central and East South Central at the high end (18 and 24 percent in poverty, respectively). For detailed regional estimates see Appendix Table A1.

Thus, the noninstitutionalized poverty population not only increased between 1979 and 1983, it became poorer, even more dominated by children and adults 18-40 years of age, and less concentrated in the South.

How do these changes in the composition of the noninstitutionalized poverty population compare with changes in the noninstitutionalized Medicaid population between 1979 and 1983? Tables 3 and 4 summarize the Medicaid trends in a format that facilitates comparison with the poverty statistics in Table 2.

The noninstitutionalized Medicaid population increased very little between 1979 and 1983—from 19,098 to 19,307, an increase of only 1 percent. This is in sharp contrast to the increase in poverty over the same period of 37 percent. As is clear from Table 3, this overall lack of change in the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EAST SOUTH CENTRAL
SOUTH
PACIFIC
ALASKA

Figure 1

Table 3

Noninstitutionalized Medicaid Population
1979 and 1983
(Numbers in Thousands)

	Number	Number	Percent Change 1979-1983
Total Medicaid Population	19,098	19,307	1.1
By Age:			
17 or younger	7,933	8,229	3.7
18-24	2,381	2,180	-9.2
25-34	2,235	2,592	16.0
35-44	1,197	1,438	20.1
45-54	977	919	-9.4
55-64	1,026	1,066	3.9
65-74	1,973	1,561	-20.9
75 or older	1,376	1,321	-4.0
Total	19,098	19,307	1.1
By Family Income Relative To Poverty:			
Below 50%	3,819	6,442	68.7
50-99%	7,153	7,653	7.0
100-124%	2,149	1,658	-22.8
125-149%	1,418	916	-35.4
150-199%	1,558	1,054	-32.3
200-299%	1,660	938	-43.5
300% and above	1,338	646	-51.7
Total	19,098	19,307	1.1

Source: March Current Population Surveys of 1980 and 1984. Medicaid recipiency is for the previous calendar year.

Table 4

Incidence of Medicaid Coverage, and Distribution of Medicaid Population by Age and Income

1979 and 1983

	1979	1983
Incidence of Medicaid Coverage by Age Group (percent of U.S. population):		
Overall	8.6%	8.3%
Younger than 18	12.5%	13.2%
18-24	8.2	7.6
25-34	6.1	6.5
35-44	4.7	4.8
45-54	4.3	4.1
55-64	4.8	4.8
65 or older	13.8	11.0
Incidence of Medicaid Coverage by Income Relative to Poverty (percent of U.S. Population):		
Overall	8.6%	8.3%
Below 50%	40.6%	41.3%
50-99%	40.2	35.4
100-124%	20.6	14.1
125-149%	13.8	7.5
150-199%	6.8	4.4
299-299%	3.5	2.0
300% and above	1.3	0.6
Distribution of Medicaid Population by Age (percent):		
Total	100.0%	100.0%
Younger than 18	41.5%	42.6%
18-24	12.5	11.3
25-34	11.2	13.4
35-44	6.5	7.5
45-54	5.3	4.8
55-64	5.5	5.5
65-74	10.8	8.1
75 or older	7.4	6.8
Distribution of Medicaid Population by Income Relative to Poverty (percent):		
Total	100.0%	100.0%
Below 50%	20.0%	33.4%
50-99%	37.5%	39.6%
100-124%	11.3%	8.6%
125-149%	7.4%	4.7%
150-199%	8.2%	5.5%
200-299%	8.7%	4.9%
300% and above	7.0%	3.3%

Source: March 1980 and 1984 Current Population Surveys. Income and Medicaid recipiency is for the previous calendar year.

total number of Medicaid recipients masks major offsetting changes among different age and income groups.

With respect to age, the number of children under 18 covered by Medicaid increased by 3.7 percent. In the context of the 35 percent growth in the number of children in poverty over the period, however, this represents a relative loss for poor children. For adults aged 18-44 the number covered by Medicaid increased by almost 7 percent. However, this masks a reduction in coverage for the 18-24 year old group, and is dwarfed by a 60 percent increase in poverty for adults aged 18-40. The number of elderly with Medicaid coverage fell, while numbers of elderly in poverty remained essentially steady.

The pattern of change by income group shows clearly that the intent of OBRA to reduce AFDC and Medicaid coverage for the working poor and near-poor was realized. The number of persons with family income below 50 percent of poverty who were covered by Medicaid increased by over two-thirds, almost the same order of magnitude as the increase in this poverty cohort. The coverage of those between 50 percent of poverty and the poverty line increased by 7 percent, much less than the increase in this poverty cohort. For all the cohorts above poverty the numbers covered by Medicaid were consistently reduced, with percent reductions increasing with distance from the poverty line.

These changes had the expected effects on the incidence of Medicaid coverage by age and income (see the first two panels of Table 4). The proportion of children under 18 covered by Medicaid increased slightly, from 12.5 to 13.2 percent. The proportion of the elderly covered by Medicaid fell from 13.8 to 11 percent. The proportion of the very poor increased slightly (from 40.6 to 41.3 percent). The proportions of all the other income groups fell,

particularly for those between 50 and 150 percent of poverty—mainly the working poor and near-poor.

What about changes within the Medicaid population between 1979 and 1983? The last two panels of Table 4 tell the story. The proportion of the Medicaid population under 18 increased slightly (from 41.5 to 42.6 percent), while the proportion of the poverty population under 18 remained essentially the same. At the other end of the age spectrum, the proportion of the Medicaid population aged 65 and older fell, as did the proportions of the poverty population who were elderly. Given the AFDC eligibility changes in OBRA and the fact that wage growth did not keep pace with inflation, it is not surprising that the proportion of the Medicaid population with incomes below 50 percent of poverty increased dramatically, from 20.0 to 33.4 percent. The proportion with incomes between 50 and 100 percent of poverty increased modestly, from 37.5 to 39.6 percent. The proportions with incomes above poverty uniformly fell.

For the population of children on Medicaid, the changes in eligibility by family income are particularly apparent (see Table 5). The proportion of Medicaid children with family incomes below half the poverty line increased from 30.1 to 45.2 percent. The proportion of Medicaid children with family incomes between 50 and 100 percent of poverty remained steady. The proportion of Medicaid children just above the poverty line fell from 9.4 to 5.9 percent.

The Medicaid programs in different regions of the country responded differentially to the increases in poverty. The East North Central states' Medicaid population grew the most (by about 300,000) between 1979 and 1983, and the Pacific states' Medicaid population grew by about 250,000. This pattern reflects the growth in the poverty populations in each region, which we noted earlier. The South Atlantic states' Medicaid population decreased by

Table 5

Noninstitutionalized Children Receiving Medicaid by Family Income Relative to Poverty, 1979 and 1983
(Numbers in Thousands)

	1979		1983	
	Number	Percent	Number	Percent
By Family Income Relative to Poverty:				
Below 50%	2,440	30.1%	3,716	45.2%
50-99%	3,260	40.2%	3,291	40.0%
100-124%	765	9.4%	484	5.9%
125-149%	482	5.9%	252	3.1%
150-199%	483	6.0%	251	3.1%
200-299%	455	5.6%	172	2.1%
300% and above	232	2.9%	64	0.8%
Total	8,117	100.0%	8,229	100.0%

Source: March 1980 and 1984 Current Population Surveys. Income and Medicaid recipiency is for the previous calendar year.

300,000 between 1979 and 1983. This occurred in spite of the fact that the proportion of the South Atlantic's population in poverty grew during this time. Similarly the West South Central states' Medicaid population declined in spite of an increase in its proportion of the population in poverty between 1979 and 1983.

OBRA and the recession did not affect geographical disparities in coverage of the noninstitutionalized Medicaid population, however. For example, a person who lived in the Pacific region or the Middle Atlantic region had the highest likelihood of being covered by Medicaid—just over 10 percent in 1979 and 1983. A person who lived in the Mountain region had the lowest likelihood of being covered by Medicaid—about 4 percent in both years.

The proportions of the poor covered by Medicaid show similar regional disparities—ranging in 1979 from a low of 21 percent in the Mountain region to a high of 55 percent in the Middle Atlantic region. For all except two of the nine regions it was also true that the proportion of the poor covered by Medicaid fell between 1979 and 1983. It is noteworthy that the two regions where the proportion did not fall were East North Central and Pacific—regions which experienced large increases in the number of people in poverty on top of already large poverty populations. Only in these two regions did the increase in the Medicaid coverage of the population in poverty keep pace with the increase in the poverty population. (For detailed statistics on the Medicaid and poverty populations by region, see Appendix Tables A2 and A3.)

In sum, between 1979 and 1983 the noninstitutionalized Medicaid population grew by 1 percent. The growth came from an increase of about 300,000 children, another 300,000 adults 25-34 years of age, combined with a decrease of about 400,000 elderly adults. Medicaid recipients were more likely to have

incomes below the poverty level in 1983 than in 1979. But the proportion of the poverty population covered by Medicaid declined between 1979 and 1983 because the poverty population grew faster than did the Medicaid population. Thus, OBRA's restrictions on AFDC eligibility did work—the working poor and near-poor were less likely to be Medicaid recipients in 1983 than in 1979. The very small growth in the number of Medicaid recipients is due to the much larger growth in the poverty population caused in large part by the 1981-82 recession. If the recession had occurred without OBRA's implementation, we would have seen a larger growth in the Medicaid population. Conversely, if the recession had not occurred, OBRA's eligibility restrictions would have achieved a substantial reduction in the number of Medicaid recipients.

CHANGES IN THE AFDC MEDICAID POPULATION

Because AFDC recipients account for the largest portion (52-53 percent) of noninstitutionalized people covered by Medicaid, because OBRA and DEFRA primarily affected AFDC eligibility criteria, and because the AFDC population (young adults and children) was the hardest hit by the combination of the recession and the OBRA cuts, it is helpful to focus on the 1979-1983 changes among AFDC Medicaid recipients.

Anyone who qualifies for AFDC also qualifies for Medicaid. The AFDC program's eligibility criteria are of two types: first, a person must meet the categorical criteria (which are set by the federal government); second, a person's family income must be below a payment standard (which is set by each of the states). The payment standards vary widely—from a high of $775 per month for a family of four in Alaska in 1983, to a low of $120 per month in Mississippi. Even the highest payment standard is not as high as the poverty

level, which for a family of four was $848 per month in 1983. The payment standard is the amount of cash assistance the family will receive from AFDC; it is typically lower than a state's need standard, which is what each state has calculated as the minimum income needed for an adequate level of food and shelter.

The effects of OBRA are obvious in the AFDC caseload trend from 1979 to 1983 (see Table 6). In spite of the 1981-82 recession, the AFDC caseload remained essentially stable--at just over 10 million persons.

The age distribution changed relatively little. The proportion of AFDC recipients who were children was identical in the two years. The proportions of older adults (45 and older) and young adults (18-21) dropped slightly, while the proportion of adults between 25 and 44 increased slightly. These trends taken together suggest a slightly higher proportion of families with one child than was the case in 1979, which is consistent with Social Security Administration data.

The income distribution of the AFDC Medicaid population did shift, however, as expected given the intent of OBRA. The number of people covered by Medicaid with incomes below half of the poverty level increased by more than 60 percent between 1979 and 1983, so that 43.5 percent of the AFDC Medicaid population had incomes below 50 percent of poverty in 1983. People with incomes between 0.5 and 0.74 times the poverty level increased by more than 700,000, so that the proportion of the AFDC Medicaid population with incomes below 75 percent of poverty increased from under half in 1979 to almost three-quarters in 1983. Above this point in the income distribution the numbers of AFDC Medicaid recipients fell dramatically. The number of AFDC Medicaid recipients with incomes between 75 and 124 percent of poverty fell by

Table 6

Distribution of AFDC Noninstitutionalized
Medicaid Population by Age and Income

1979 and 1983

	1979		1983	
	Thousands	Percent	Thousands	Percent
Total	10,143	100.0%	10,225	100.0%
By Age:				
Under 18	6,162	60.8	6,214	60.8
18-21	819	8.1	723	7.1
22-24	572	5.6	566	5.5
25-34	1,458	14.3	1,597	15.6
35-44	653	6.4	737	7.2
45 and older	350	3.5	274	2.7
Below 50%	2,792	27.5%	4,452	43.5%
50-74%	2,339	23.1	3,065	30.0
75-99%	1,875	18.5	1,302	12.7
100-124%	1,032	10.2	575	5.6
125-149%	599	5.9	290	2.8
150-199%	609	6.0	266	2.6
200-299%	641	6.3	219	2.1
300% and above	256	2.5	57	0.6

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

almost a million between 1979 and 1983, and the number with incomes above 1.24 times poverty fell by even more, from just over 2 million to 832,000.

The New England and Middle Atlantic regions were the only ones that experienced a significant decline in the number of AFDC Medicaid recipients between 1979 and 1983. (See Table A4.) The East North Central and Pacific regions had the largest increases in their AFDC Medicaid populations: the East North Central gained 500,000 (a 23 percent increase) and the Pacific gained 400,000 (a 27 percent increase). States in both of these regions raised their payment standards between 1981 and 1982 (Illinois, Alaska, and Washington) and both regions had large increases in their already large poverty populations.

These shifts changed the distribution of the AFDC population by region. In 1979, more than a quarter of all AFDC Medicaid recipients lived in the Northeast, 29 percent lived in the Mid-West, 26 percent lived in the South, and 18 percent lived in the West. In 1983, only 22 percent lived in the Northeast, the proportion living in the Mid-West had grown to almost one-third, the proportion in the South remained steady at 26 percent, and the proportion living in the West had increased to 21 percent.

CHANGES IN THE LIKELIHOOD OF MEDICAID COVERAGE

In the preceding sections we have seen how the the size and characteristics of the noninstitutionalized Medicaid population changed between 1979 and 1983. It is useful to see how these changes affected the chances of different types of people being covered by Medicaid. In this section we compare the simple probabilities of having Medicaid coverage in 1979 and in 1983 for six prototypical people. As can be seen in Table 7, the

Table 7

Probability of Medicaid Coverage, by Poverty Status
Selected Demographic Characteristics

	Family Income Below Poverty		Family Income 100%-149% of Poverty	
	1979	1983	1979	1983
Children Under 18 years	49.5	46.7	18.5	9.8
Women 18-40	46.3	40.9	19.0	9.3
Men 18-40	21.6	21.2	10.8	7.4
Women 41-64	32.5	32.7	17.5	12.9
Men 41-64	20.6	21.5	11.1	9.9
Women 75 and Over	31.5	33.4	17.1	16.9

Source: March 1980 and 1984 Current Population Survey. Medicaid recipiency is for the previous calendar year.

six prototypical people cover the whole age span and allow us to compare different probabilities for prime aged women with those of prime aged men. We have divided our prototypical people into the poor and near-poor, which allows us also to compare probabilities by income level.

It should be kept in mind that men aged 18-40 who met the financial criteria would be eligible for Medicaid only if they were blind or disabled (and thus on SSI), an unemployed parent in those states with AFDC-UP programs, or medically needy. The recession could be expected to increase the probability of coverage for all three groups, other things equal, whereas the OBRA restrictions would only affect the AFDC-UP eligibles in the states with UP programs. For men and women aged 41-64, eligibility for the vast majority would be depended on SSI or medically needy recipiency. Thus, a priori we should not expect the OBRA restrictions to affect this group, although the recession might well affect them (as noted earlier, the number of 41-64 year old adults in poverty increased by 26 percent between 1979 and 1983). Given that the major OBRA restrictions applied to AFDC eligibles, we would expect the most drastic reductions in the probability of receiving Medicaid coverage for young women and children.

National Patterns

Changes in the probabilities of Medicaid coverage for typical persons in poverty are shown in the first two columns of Table 7. In 1979 the poor group with the best chance of being covered by Medicaid were children--with a probability of almost 50 percent. Women aged 18-40 came a close second--with a coverage probability of over 46 percent. Older and elderly women had substantially lower probabilities, about 32 percent. And adult men had the lowest probabilities of all, about 21 percent.

The events between 1979 and 1983 did not change the rank ordering of these probabilities, but they compressed them considerably. The probability of receiving Medicaid coverage was reduced for two groups in poverty: children under 18 and mothers aged 18-40. The probability of a poor child receiving Medicaid coverage dropped from almost 50 percent to 46.7 percent; the probability of a poor woman aged 18-40 receiving Medicaid coverage dropped from 46.3 to 40.9 percent. The probability of poor adult men aged 18-49 and adult women aged 41-64 receiving Medicaid coverage remained about the same, at just over 21 percent and 32 percent respectively. Thus, for men aged 18-40, the OBRA restrictions on AFDC-UP eligibility and the effects of the recession cancelled out. The only noninstitutionalized group in poverty for which the probability of being covered by Medicaid improved substantially consisted of women aged 75 and over, whose chances of receiving Medicaid coverage improved from 31.5 to 33.4 percent.

Changes in the probabilities of receiving Medicaid coverage for persons with incomes just above poverty are shown in the last two columns of Table 7. For the near-poor groups the events between 1979 and 1983 not only compressed the range of probabilities; it also changed the rank ordering of probabilities. In 1979 young women had the best chance of the near-poor groups of receiving Medicaid coverage (19.0 percent), followed closely by children and older women (at 18 and about 17 percent, respectively). Near-poor men aged 18-40 and 41-64 had probabilities of only about 11 percent. By 1983 near-poor women aged 41-64 and 75 and over had overtaken children and younger women by substantial margins, and near-poor men aged 41-64 had probabilities that were the same as those of near-poor children and young women.

None of the prototypical near-poor persons increased their chances of receiving Medicaid coverage, although very elderly women held their own. Once again, the biggest drops were for children and women aged 18-40. The probability of near-poor children receiving Medicaid coverage almost halved, going from 18.5 to 9.8 percent. The probability of young women receiving Medicaid coverage more than halved, going from 19.0 percent to 9.3 percent. The probabilities for the other near-poor persons dropped by somewhat less, with the probability of women aged 41-64 dropping by more than was true for men aged 18-49 or 41-64.

Regional Patterns

What about the regional patterns in the probabilities of receiving Medicaid coverage? (See Appendix Tables A5-A16 for full detail.) As our previous discussions of regional differences leads us to expect, probabilities of Medicaid coverage spanned a wide regional range for all the prototypical persons.

For poor and near-poor children, four regions were above the U.S. average in the probabilities of these persons being covered by Medicaid and dramatically above the other regions. These were New England, Mid Atlantic, East North Central, and Pacific. The first three had probabilities of coverage of 63-66 percent for poor children in 1979, dropping slightly to about 61 percent in 1983. The fourth had a probability of coverage of almost 55 percent in 1979, which actually increased slightly by 1983. The lowest probability of coverage of poor children in both years was in the Mountain region, 25 percent in 1979 dropping to 17 percent in 1983. The other regions ranged from 45 to 37 percent in 1979, dropping to 30-44 percent in 1983. East South Central was the only region to noticeably increase the probability of poor children being

covered by Medicaid following OBRA, from 40 to 44 percent. The regional distribution for near-poor children was similar, with the probabilities lower in 1979 (29-6 percent) and dropping proportionately more by 1983 (22-4 percent).

For poor women aged 18-49 the distribution of regional probabilities of coverage is essentially the same: with New England, Middle Atlantic, East North Central, and Pacific highest (ranging from 64-49 percent) and Mountain lowest (at 19 percent). In no region, however, did the probability of coverage for this group increase post-OBRA; the range of probabilities for 1983 was 54-18 percent. For near-poor women aged 18-40 the picture was similar and changed in the same way it did for near-poor children--dropping for all regions, from probabilities of 28-6 percent in 1979 to 14-4 percent in 1983.

For poor and near-poor men, the same regions have the highest and lowest probabilities as for the groups already discussed. However, the change over time is dramatically different.

For poor men aged 18-40, four regions increased the probability of Medicaid coverage between 1979 and 1983 (New England, Middle Atlantic, West North Central, and West South central) and two more held it essentially constant (East North Central and Mountain). For near-poor men aged 18-40, probability of coverage was reduced in all regions except West South Central and Mountain, although the probabilities were almost uniformly less than for their female counterparts. The result is that by 1983, near-poor men aged 18-40 had about the same probability of receiving Medicaid coverage as near-poor 18-40 year old women everywhere except in the Pacific.

For poor older women (aged 41-64), the regional pattern is somewhat different from the pattern discussed so far. In 1979, three of the four most generous regions for the younger groups were still the most generous--New

England, Middle Atlantic and East North Central--but the Pacific region was sixth out of nine. By 1983, however, Pacific had risen to fourth place. Mountain was still the lowest, but by a substantially smaller margin than for the younger groups. In the West North Central and Pacific regions, the probability of Medicaid coverage increased for this group between 1979 and 1983, while in New England, the West South Central, and Mountain regions the probability fell.

Among 41-64 year old women with incomes 1-1.49 times poverty, the pattern of change in the probabilities across the regions was very irregular. In 1979 the Pacific region was most generous but East North Central was only in fifth place. By 1983 Pacific was again most generous, but New England had dropped to fifth and Mountain had risen to third highest.

The national probability of being covered by Medicaid for 41-64 year old men in poverty did not change, just as we saw for women in the same circumstances. (See Table A13.) But the pattern of change in the probabilities of Medicaid coverage across regions for poor and near-poor men aged 41-64 is very different from that for their female counterparts. For poor men 41-64 the probability of Medicaid coverage increased substantially in the New England and Pacific regions. For near-poor men aged 41-64 the probability of Medicaid coverage increased in five of the nine regions. Thus, it appears that men and women 41-64 years of age qualify for Medicaid for different reasons; and medically needy Medicaid programs are more dominant in some regions than in others. Clearly more research along these lines is needed to explain the differences in probabilities of having Medicaid for 41-64 year old men and women across the country.

Finally, the increase in the national probability of Medicaid coverage for a poor woman 75 years old or older is due to the dramatic increase in the probability of coverage for elderly women living in the Pacific states. The West South Central region had a significant but much smaller increase in the probability of an elderly woman being covered by Medicaid, and all other regions had a decline or no significant change. Why these changes occurred is not clear.

When we compare probabilities of being covered by Medicaid with those for poor women 75 years old or older with those of near-poor women we find some surprises. First, the probability of coverage for a near-poor woman increased in the East South Central and Pacific regions between 1979 and 1983. Second, while in general the probability of being covered by Medicaid for a near-poor elderly woman was lower than that for a poor elderly woman in poverty in 1983, the probability of being on Medicaid for a near-poor woman in the Pacific or East South Central regions was higher than the probabilities of being on Medicaid for a poor woman in the New England, Middle Atlantic, East North Central, and West North Central regions. Why these regional disparities exist is not clear.

CONCLUSION

Changes in the number of Medicaid recipients between 1979 and 1983, both in absolute terms and as a share of the underlying population, reflect two broad offsetting factors. The first factor was the economy, which had a 37 percent rate of inflation while wages grew at only 28 percent and unemployment rose from 5.8 to 9.6 percent. These bad economic conditions led to a 37 percent increase in the poverty population. The second factor was the set of

Medicaid eligibility cutbacks initiated by OBRA and the tight State controls on payment standards. These offsetting effects had different overall effects for different eligibility groups. The number of children covered by Medicaid increased by almost 3.7 percent. Young adults (between the ages of 25 and 34) on Medicaid increased by 16 percent, and individuals between the ages of 35 and 44 by 20.1 percent. The number of aged Medicaid enrollees declined, by 21 percent for those between 65 and 74, and by 4 percent for those 75 and older.

Most of the growth in the Medicaid population occurred among individuals whose family incomes were well below the poverty line. The most rapid growth (68.7 percent) occurred among individuals whose incomes were less than half the poverty line. More modest but still positive growth occurred for individuals between half the poverty line and the poverty line. The number of Medicaid recipients in each category above the poverty line declined, reflecting both the states' unwillingness to increase the AFDC income eligibility ceiling (the payment standard) and the OBRA objective of reducing AFDC and Medicaid enrollment of the working poor and near-poor.

Finally, there were substantial regional differences in the growth of the Medicaid population. The number of Medicaid recipients declined in the New England, South Atlantic, and West South Central regions. In contrast, the number of Medicaid recipients increased in the East North Central, Mountain, and Pacific regions.

When these changes are considered in relation to changes in poverty over the period, however, their significance changes. Although the number of children on Medicaid grew by 3.7 percent, for example, the number of children in poverty grew by 35 percent. The relatively small growth in the number of children enrolled in Medicaid reflects program cutbacks, which particularly

affected children in families with incomes above the poverty line. Even so, the proportion of poor children on Medicaid fell from 49 to 47 percent. The proportion of near-poor children on Medicaid almost halved, from 18 to 10 percent.

The number of young women on Medicaid increased much more, at rates close to 20 percent. But this increase was far outstripped by an increase of over 60 percent in the number of young women in poverty during this period. For young women in poverty, the probability of being on Medicaid declined from 46 percent in 1979 to 41 percent in 1983; for the near-poor, it more than halved, declining from 19 percent to 9 percent for women.

The number of aged Medicaid recipients declined sharply, particularly for those aged 65-74. This occurred because the proportion of elderly people in poverty declined, thereby reducing the number meeting Medicaid eligibility requirements. The likelihood of a noninstitutionalized elderly woman in poverty being enrolled in Medicaid increased slightly and of a near-poor one remained practically the same.

Thus, the noninstitutionalized Medicaid population became poorer between 1979 and 1983. Medicaid also covered a smaller proportion of the poor. This state of affairs has particular ramifications for the 24 percent of all children living in poverty, and for the relatively large poverty population in the South.

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APPENDIX A

DETAILED REGIONAL STATISTICS

Table A.1

Population in Poverty, by Region
1979 and 1983

	1979	1983
Poverty Population (thousands):		
Total	27,224	37,250
New England	1,045	1,233
Middle Atlantic	4,208	5,735
East North Central	4,261	6,236
West North Central	1,634	2,678
South Atlantic	5,162	6,335
East South Central	2,590	3,302
West South Central	3,846	4,676
Moutain	1,177	1,948
Pacific	3,300	5,108
Poverty Incidence (percent of U.S. population):		
Total	12.2%	16.1%
New England	8.6%	9.9%
Middle Atlantic	11.5	15.6
East North Central	10.3	15.1
West North Central	9.8	15.6
South Atlantic	14.1	16.5
East South Central	18.1	22.3
West South Central	16.6	18.3
Mountain	10.5	16.1
Pacific	10.5	15.1

Table A.2

Noninstitutionalized Medicaid Population As A Proportion of U.S. Population by Region of the U.S., 1979 and 1983

	1979			1983		
	Medicaid Population		Medicaid As % of Region Population	Medicaid Population		Medicaid As % of Region Population
	Thousands	Percent		Thousands	Percent	
New England	1,002	5.2%	8.3%	914	4.7%	7.3%
Middle Atlantic	3,742	19.6%	10.2	3,819	19.8	10.4
East North Central	3,591	18.8	8.7	3,878	20.1	9.4
West North Central	1,092	5.7	6.5	1,090	5.7	6.4
South Atlantic	2,658	13.9	7.3	2,360	12.2	6.2
East South Central	1,409	7.4	.8	1,441	7.5	9.7
West South Central	1,821	9.5	7.9	1,669	8.7	6.5
Mountain	442	2.3	4.0	532	2.8	4.4
Pacific	3,340	17.5	10.7	3,605	18.7	10.7
TOTAL	19,098	100.0	8.6	19,307	100.0	8.3

Source: March Current Population Surveys of 1980 and 1984. Medicaid recipiency is for the previous calendar year.

Table A.3

Medicaid Coverage and Poverty, by Each Region
1979 and 1983

Region	1979 Population	1983 Population
Percent of Medicaid Population Who Are Poor		
New England	50.7%	47.9%
Middle Atlantic	54.7%	52.0%
East North Central	47.7%	47.4%
West North Central	32.6%	28.7%
South Atlantic	33.6%	28.4%
East South Central	37.0%	34.6%
West South Central	32.3%	27.8%
Mountain	20.9%	17.3%
Pacific	42.4%	43.4%
TOTAL	40.3%	37.8%
Percent of the Poor Who Are on Medicaid		
New England	52.9%	64.6%
Middle Atlantic	61.5	78.1
East North Central	56.6	76.3
West North Central	48.7	70.4
South Atlantic	65.2	76.2
East South Central	68.1	79.3
West South Central	68.2	78.0
Mountain	55.7	63.4
Pacific	41.9	61.5
TOTAL	57.5	73.0

Source: March Current Population Surveys of 1980 and 1984. Medicaid recipiency is for the previous calendar year.

Table A.4

AFDC Noninstitutionalized Medicaid Population by Region
1979 and 1983

Region	1979		1983	
	Thousands	Percent	Thousands	Percent
New England	611	6.0%	6.1%	4.6%
Middle Atlantic	2,122	20.9	17.5	17.0
East North Central	2,320	22.9	24.3	26.2
West North Central	551	5.4	5.8	5.8
South Atlantic	1,193	11.8	13.2	11.6
East South Central	652	6.4	6.4	6.9
West South Central	847	8.4	7.7	7.1
Mountain	188	1.9	2.2	2.1
Pacific	1,659	16.4	16.9	18.7
Total	10,143	100.0%	100.0%	100.0%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.5

Proportions of Noninstitutionalized Children 17 or Younger in Families with Incomes Below the Poverty Level Who Are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	66.3%	60.7%
Middle Atlantic	65.2%	61.9%
East North Central	63.1%	60.5%
West North Central	44.7%	37.3%
South Atlantic	39.6%	34.8%
East South Central	40.3%	43.7%
West South Central	36.6%	30.5%
Mountain	24.8%	16.7%
Pacific	54.9%	55.4%
TOTAL	49.5%	46.7%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.6

Proportions of Noninstitutionalized Children 17 or Younger in Families with Incomes 1.0-1.49 x the Poverty Level Who Are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	24.8%	14.0%
Middle Atlantic	23.7%	11.1%
East North Central	28.5%	13.6%
West North Central	19.1%	8.2%
South Atlantic	9.4%	3.8%
East South Central	8.3%	3.6%
West South Central	11.7%	4.1%
Mountain	5.9%	5.6%
Pacific	28.8%	21.6%
TOTAL	18.5%	9.8%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.7

Proportion of Women 18-40 Years of Age with Incomes Below the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	64.5%	54.1%
Middle Atlantic	60.8%	56.3%
East North Central	59.1%	53.1%
West North Central	39.0%	29.4%
South Atlantic	37.6%	30.8%
East South Central	39.5%	36.4%
West South Central	32.8%	27.1%
Mountain	18.7%	18.0%
Pacific	49.2%	45.0%
TOTAL	46.3%	40.9%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.8

Proportion of Women 18-40 Years of Age with Incomes 1.0-1.49 x the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	22.7%	11.3%
Middle Atlantic	26.4%	13.6%
East North Central	27.6%	13.7%
West North Central	16.5%	5.7%
South Atlantic	13.6%	3.4%
East South Central	10.7%	5.4%
West South Central	11.2%	5.2%
Mountain	5.6%	3.7%
Pacific	24.8%	17.4%
TOTAL	19.0%	9.3%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.9

Proportion of Men 18-40 Years of Age with Incomes Below the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	23.7%	29.3%
Middle Atlantic	39.3%	40.8%
East North Central	28.7%	28.8%
West North Central	10.9%	16.6%
South Atlantic	15.8%	11.6%
East South Central	16.1%	11.0%
West South Central	12.3%	13.6%
Mountain	9.8%	9.7%
Pacific	24.8%	22.3%
TOTAL	21.6%	21.2%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.10

Proportion of Men 18-40 Years of Age with Incomes 1.0-1.49 x the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	17.6%	13.8%
Middle Atlantic	19.4%	14.4%
East North Central	14.4%	10.1%
West North Central	11.4%	5.4%
South Atlantic	5.9%	2.7%
East South Central	10.3%	5.2%
West South Central	3.5%	4.5%
Mountain	2.2%	2.6%
Pacific	13.8%	10.0%
TOTAL	10.8%	7.4%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.11

Proportion of Women 41-64 Years of Age with Incomes Below the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	43.0%	40.9%
Middle Atlantic	50.5%	49.5%
East North Central	35.9%	34.8%
West North Central	21.5%	26.4%
South Atlantic	24.8%	25.5%
East South Central	27.8%	26.4%
West South Central	28.4%	25.6%
Mountain	25.8%	22.9%
Pacific	26.5%	31.8%
TOTAL	32.5%	32.7%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.12

Proportion of Women 41-64 Years of Age with Incomes 1.0-1.49 x the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	21.2%	7.3%
Middle Atlantic	22.0%	16.9%
East North Central	14.5%	13.8%
West North Central	13.7%	2.8%
South Atlantic	10.0%	6.9%
East South Central	16.1%	7.1%
West South Central	11.1%	7.9%
Mountain	4.3%	14.6%
Pacific	34.0%	29.5%
TOTAL	17.5%	12.9%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.13

Proportion of Men 41-64 Years of Age with Incomes Below the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	15.3%	24.7%
Middle Atlantic	34.1%	40.1%
East North Central	21.8%	20.8%
West North Central	19.9%	16.4%
South Atlantic	15.1%	12.0%
East South Central	20.9%	14.8%
West South Central	17.3%	15.8%
Mountain	12.1%	9.8%
Pacific	22.6%	29.2%
TOTAL	20.6%	21.5%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.14

Proportion of Men 41-64 Years of Age with Incomes 1.0-1.49 x the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	11.5%	17.8%
Middle Atlantic	16.4%	8.9%
East North Central	13.9%	14.7%
West North Central	4.2%	4.3%
South Atlantic	8.0%	5.1%
East South Central	4.6%	7.8%
West South Central	3.2%	5.4%
Mountain	4.4%	11.8%
Pacific	24.9%	17.2%
TOTAL	11.1%	9.9%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.15

Proportion of Noninstitutionalized Women Aged 75 or More With Incomes Below the Poverty Level Who are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	33.5%	24.4%
Middle Atlantic	33.5%	28.6%
East North Central	14.9%	18.9%
West North Central	24.5%	20.8%
South Atlantic	37.9%	34.7%
East South Central	48.4%	43.9%
West South Central	41.2%	45.3%
Mountain	19.7%	33.4%
Pacific	18.9%	38.9%
TOTAL	31.5%	33.4%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

Table A.16

Proportions of Noninstitutionalized Women Aged 75 or More With Incomes 1.0–1.49 x the Poverty Level Who Are Covered by Medicaid, by Census Division, 1979 and 1983

Census Division	1979	1983
New England	21.3%	16.8%
Middle Atlantic	15.5%	11.3%
East North Central	10.5%	10.6%
West North Central	14.7%	11.8%
South Atlantic	16.7%	15.9%
East South Central	21.3%	32.0%
West South Central	15.0%	11.2%
Mountain	17.3%	10.9%
Pacific	26.0%	36.3%
TOTAL	17.1%	16.9%

Source: March 1980 and 1984 Current Population Surveys. Medicaid recipiency is for the previous calendar year.

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